



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on June 1, 2005

Anne Antonoff
Anne Antonoff

In Re Application of:

William L. Betts

Serial No.: 09/534,696

Filed: March 24, 2000

Confirmation No.: 2506

Group Art Unit: 2634

Examiner: HA, Dac V

Docket No.: 061607-1350

For: Space Diversity Trellis Interleaver System and Method

The following is a list of documents enclosed:

Return Postcard

Issue Fee Transmittal & Duplicate Copy

Fee Transmittal

Amendment After Allowance

Charge Deposit Account No. 16-0255 in the amount of \$1409.00

Further, the Commissioner is authorized to charge Deposit Account No. 16-0255 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 16-0255.

Effective on 12/08/2004
Fees Pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

Complete if Known

Application Number **09/534,696**
Filing Date **March 24, 2000**
First Named Inventor **William L. Betts**
Examiner Name **HA, Dac V**
Art Unit **2634**
Attorney Docket No. **061607-1350**

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1409.00)

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: **16-0255** Deposit Account Name: **Paradyne Corporation**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESSIVE CLAIM FEES

<u>Fee Description</u>				<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)				50	25
Each independent claim over 3 (including Reissues)				200	100
Multiple dependent claims				360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
-20 or HP =				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if great than 20					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
-3 or HP =					
HP = highest number of total claims paid for, if great than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other: **Issue Fee and Copies** **\$1409.00**

SUBMITTED BY

Complete (if applicable)

Signature		Registration No. 48,472	Telephone Number 770-933-9500
Name: (Print/Type)	Karen G. Hazzah	Date:	June 1, 2005